



**Illinois Commerce Commission  
Transportation Bureau  
Safety Relocator  
Vehicle Update Form**

Safety Relocator Name: \_\_\_\_\_ Registration (MC) Number: \_\_\_\_\_

	Make	Model	Year	Vehicle Identification #	Registered Owner of Vehicle	License Plate #
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
<b><i>Make checks payable to the Illinois Commerce Commission.</i></b>					<b># Vehicles _____ x \$150.00=</b>	<b>Total Amount Due</b>

Attach additional pages as necessary.

The following officer, owner and/or authorized company representative certifies that the information submitted is true, correct and complete.

Printed Name of Signatory \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Fax \_\_\_\_\_

Mail Forms and Payment to:  
Illinois Commerce Commission Processing Section  
527 East Capitol Avenue, Springfield, Illinois 62701  
Phone: (217)782-6171 Fax: (217)782-9244